

EXECUTIVE SUMMARY OF TASK FORCE ACTIONS

Although seeing a dentist on a regular basis is an ordinary component of health care for many people in Wisconsin, across the state many individuals are not getting the oral health care that they need. For some, education about the importance of ongoing, preventive oral health care is lacking. These people often seek care only in crisis situations. For those who understand that oral health care is a priority, they find that getting an appointment can be difficult and frustrating.

Governor Doyle appointed the Task Force on Improving Access to Oral Health to help identify barriers to knowledge and access and find solutions.

In this report, you will find a short history of the oral health crisis and a summary of Wisconsin's Medicaid program. Following these sections, you will find a summary of discussions by the Task Force and their recommendations on topics relating to improving access to oral health.

Summary of Recommendations

Dental Professionals Workforce Recruitment, Training and Loan Assistance

Wisconsin operates a loan program that provides for repayment of dental school loans for dentists and dental hygienists who agree to practice primary care in designated shortage areas in Wisconsin. The Task Force recommended that the state maintain or increase funding for this program and that loan assistance could also be provided based solely on serving Medicaid clients.

Marquette University School of Dentistry

The state's only dental school, Marquette University School of Dentistry, receives a subsidy to reduce the tuition for Wisconsin residents who attend this dental school. The Task Force recommended that the state increase funding to cover 50 Wisconsin residents in each future class and increase the amount per student to \$11,670.

Community Water Fluoridation

Community water fluoridation is the process of adjusting the amount of fluoride that occurs naturally in a community's water to a level that will prevent tooth decay.

The Task Force recommended that the state increase funding to assist communities to fluoridate their water supplies.

The most common benefits of community water fluoridation include:

- 15 to 40 percent less dental decay;
- six times as many children free of dental decay;
- 75 percent fewer extracted permanent first molars in children;
- 95 percent fewer cavities in children's upper front teeth.

Dental Hygienist Workforce

Dental hygiene is the performance of educational, preventive or therapeutic dental services and may be practiced as authorized by a dentist. The Task Force recommended that the state change the statutes to expand the types of settings where dental hygienists may practice independently of a dentist.

Medicaid Funding and System Changes

Eligible children can receive dental care under the Medicaid or BadgerCare programs. Care providers are provided a fee-for-service reimbursement rate in most of the state. In four southeastern counties, providers are paid based on a rate negotiated under the HMO dental delivery system.

The Task Force recommended that the state increase the Medicaid dental budget by \$20 million in state funds and that this investment in the dental Medicaid program be used on pay for performance strategies that guarantee increase access. The Task Force supported a soda tax to help fund dental program increases. The Task Force also recommended that the state develop a request for information on a dental benefits administrator to manage all Wisconsin's dental care claims. Several recommendations were made relating to the responsibilities of dentists providing care and patients seeking care.

Dental Licensure

Dentists who wish to be licensed in Wisconsin must meet certain requirements as determined by state statutes and the Dentistry Examining Board. The Task Force recommended that the state accept all four of the existing regional exams, and the national exam when it is approved. Also, the Task Force recommended that the state create a pathway for foreign-trained dentists to receive licensure by demonstrating competency in an approved residency program.

Oral Health Safety Net Program Funding

Ten of Wisconsin's Federally Qualified Health Centers (FQHCs) have dental programs. These sites provide access to dental services for many low-income individuals that would otherwise not receive care. The Task Force recommended that the state develop a council that would define criteria and award funding to programs that improve oral health access for Wisconsin's children.

Children with Special Health Care Needs and Targeted Case Management

Children in the Wisconsin Children with Special Health Care Needs program may be eligible for Targeted Case Management that assists recipients and their families in gaining access to services for which they are eligible. The Task Force recommended that the state make local health departments aware that children with severe oral health needs may meet the criteria of the Children with Special Health Care Needs program, thus permitting these children to receive Targeted Case Management services.

Regional Oral Health Operations

Oral health consultants with the Department of Health and Family Services help local communities develop oral health programs through training and technical assistance. They are involved in school-based fluoride mouthrinse programs, school oral health surveys, school and community dental sealant programs, and the SmileAbilities program for children with special health care needs.

The Task Force recommended that the state increase the contract hours of the oral health regional staff and that each regional office have portable dental equipment available for community programs.

Advocacy, Education, School Based Initiatives, and Local Public Health



True prevention requires an understanding of the importance of oral health as well as access to dental health professionals. The 2000 Surgeon General's report stated: "You cannot be healthy without oral health."

The Task Force recommended that the state increase lobbying efforts with the federal government to secure additional resources for oral health, increase oral health education in our schools, and work with other health care providers to integrate oral health in all health care practices.

School-based programs allow children to receive oral health care without addressing the existing hurdles to care such as transportation to the dentist, parent's ability to take off work, or a lack of understanding of the need for preventive care. The Task Force recommended that the state provide funding for several pilot programs that demonstrate coordination of oral health care by local public health departments and school districts.

SUMMARY OF MEETINGS

At the **October 22, 2004** meeting, the Task Force received their charge from the Governor consisting largely of two components: education as it relates to the recruitment, training and retention of providers; and access to care. They received presentations on the KidsFirst Initiative, background information on the current oral health environment in Wisconsin and on the 2000 Legislative Council Special Committee on Dental Access. The members were provided with a list of prevention and restorative programs that are funded with state and federal funds.

At the **November 19, 2004** meeting, the Task Force addressed evidence-based prevention topics including fluoride applications and community water fluoridation, oral health training and education, and dental sealants.

At the **December 10, 2004** meeting, presentations were given by the Wisconsin Dental Association, the Wisconsin Primary Health Care Association, the Wisconsin Dental Hygienists Association, the Dental Hygiene Association of Wisconsin, the Marquette University School of Dentistry, the Madison Area Technical College Dental Hygienist program, and the Department of Regulation and Licensing. Much of the discussion focused on how to get dentists to practice in shortage areas. The members participated in a preliminary brainstorming session on recommendations at the end of the meeting.

At the **January 7, 2005** meeting, the Task Force heard presentations from the Department of Health and Family Services on Medicaid, BadgerCare, and HMO dental services; and from the Wisconsin Dental Association on their five recommendations to improve access to oral health. Much of the discussion focused on HMO dental services that will be addressed at a future meeting.

At the **January 14, 2005** meeting, the Task Force discussed the overall issue of the state needing to make oral health a financial priority. The members then began to consider recommendations on issues relating to the dental health professional workforce, public health education, and Medicaid reimbursement.

At the **February 18, 2005** meeting, the Task Force made recommendations on loan forgiveness and tuition assistance, Marquette University School of Dentistry funding, public health education, and expanded practice settings for dental hygienists. A discussion on reimbursement rates led the task force to request more information about several rate increase models. A discussion on foreign-trained dentists also ended without a final recommendation.

At the **March 11, 2005** meeting, the Task Force began with a discussion on the reimbursement rate models requested at the February 18 meeting but no consensus was reached. Final recommendations were made on the practice of dental hygienists. The Task Force requested more information on several remaining topics for the next meeting. Finally, a recommendation was made on funding for community fluoridation.

At the **April 8, 2005** meeting, the Task Force heard a presentation on federally qualified health clinics from the Wisconsin Primary Health Care Association, from Marshfield Clinic's Ladysmith dental organization, and from the Wisconsin Office of Rural Health. The members also received a report on managed care dental services in four southeastern Wisconsin counties. Recommendations were made on HMO dental care.

At the **April 15, 2005** meeting, the Task Force heard presentations on the Maternal and Child Health block grant budget that includes some funding for oral health programs and on the Children's Hospital of Milwaukee Clear Path program. Several recommendations were made on these topics and on other issues left before the Task Force. The Task Force addressed priorities set aside at previous meetings.

At the **May 13, 2005** meeting, the Task Force held a public hearing on the recommendations proposed to improve access to oral health. Following the public hearing, the members addressed several remaining issues and changes to existing recommendations based on the information received at the public hearing.

At the **May 24, 2005** meeting, the Task Force met to take a final vote on recommendations to Governor Doyle. The members reviewed each of their recommendations to make their intentions more clear, to group similar topics, and to address final access concerns.